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TO
Examiner Robert G. Santos
Art Group 3673**FAX NO.**
571-273-8300**User Number:** 968 **Client #:** 8266 **Matter #:** 0880**Total number of pages transmitted including cover sheet:** 14**Comments:**
Sent by fax: September 7, 2005
Applicants: Menkedick et al.
Serial No.: 10/657,696
Filed: September 8, 2003
Title: HOSPITAL BED
Atty Docket: 8266-0880☒ Transmittal
☒ Response to Official Action Dated 6/7/2005
☒ Listing of Claims/Amendments to Claims
☒ Remarks

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PAGE 1/14 * RCVD AT 9/7/2005 1:10:18 PM [Eastern Daylight Time] * SVR:USPTO-EFAXF-6/26 * DNIS:2738300 * CSID: * DURATION (mm-ss):03-54 * FAX: (317)

BOSE MCKINNEY & EVANS LLP

CUSTOMER NUMBER 25267

2700 First Indiana Plaza
135 North Pennsylvania Street
Indianapolis, Indiana 46204

PATENT APPLICATION

Applicant: Menkedick et al.
 Serial No.: 10/657,696
 Filing Date: September 8, 2003
 Title: HOSPITAL BED
 Group: 3673 Examiner: Santos, Robert G.
 Atty. Docket: 8266-0880

Certificate Under 37 C.F.R. § 1.8(a)

I hereby certify that this paper or correspondence is being transmitted *via facsimile* to (571) 273-8300 at the United States Patent and Trademark Office, Alexandria, Virginia 22313-1450.

on September 7, 2005

Patrice L. Day

Dated: September 7, 2005

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS (37 C.F.R. 1.16(c))	22	50	0	\$50	\$0
INDEPENDENT CLAIMS (37 C.F.R. 1.16(b))	3	7	0	\$200	\$0
If applicant has small entity status under 37 C.F.R. 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL	NO	\$0
TOTAL FEE FOR ADDITIONAL CLAIMS					\$0

*If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.
 **If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

An Extension of Time for ___ month(s) is hereby requested under
 37 C.F.R. 1.136(a). The required fee for filing this extension is:

Information Disclosure Statement

TOTAL FEE FOR THIS AMENDMENT

\$0.00

Please charge Deposit Account No. 02-3223 the \$_____ fee.

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to Bose McKinney & Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is enclosed.

Ryan O. White
 Attorney of Record
 Ryan O. White
 Registration No.: 45,541

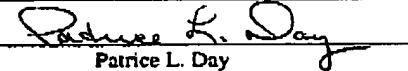
647640_1

BOSE MCKINNEY & EVANS LLP**CUSTOMER NUMBER: 25267**2700 First Indiana Plaza
135 North Pennsylvania Street
Indianapolis, Indiana 46204**PATENT APPLICATION****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****RECEIVED
CENTRAL FAX CENTER****SEP 07 2005**

Group: 3673
Attv. Docket: 8266-0880
Applicants: Menkedick et al.
Invention: HOSPITAL BED
Serial No.: 10/657,696
Filed: September 8, 2003
Examiner: Santos, Robert G.

Certificate Under 37 C.F.R. § 1.8(a)

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on September 7, 2005
Patrice L. DayDated: September 7, 2005**RESPONSE TO OFFICIAL ACTION DATED 6/7/2005****MAIL STOP AMENDMENT**Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicants respectfully submit the following in response to the June 7, 2005
Office Action.

Listing of Claims/Amendments to Claims begins on page 2.**Remarks begin on page 10.**